

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770554

FILED
Apr 02, 2010
Secretary of State

Entity Name: ORA AT CHOKOLOSKEE, INC.

Current Principal Place of Business:

STATE ROAD 29
CHOKOLOSKEE, FL 34138 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 58-1661582 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COLLIER FINANCIAL, INC
STEPHEN P. HART
4985 E TAMIAMI TRAIL
NAPLES, FL 34113 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: WILLSON, DICK
Address: 16076 LEWIS LAKE DR
City-St-Zip: VANDALIA, MI 49095

Title: VD
Name: NIXON, JANE
Address: P.O. BOX 191
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: PD
Name: KRUEGER, MARY
Address: POB 233
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: SD
Name: GUSTAFSON, LINDA
Address: POB 834
City-St-Zip: CHOKOLOSKEE, FL 34138

Title: D
Name: MAYBERRY, KENT
Address: 53 MARS DRIVE
City-St-Zip: ASHEVILLE, NC 28804

Title: TD
Name: BARTON, WALLACE
Address: P.O BOX 459
City-St-Zip: CHOKOLOSKEE, FL 34138

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY KRUEGER

PD

04/02/2010

Electronic Signature of Signing Officer or Director

Date